PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Community Action Program - Political Action Committee (CAP-PAC) 1 Massachusetts Avenue, NW ADDRESS (number and street) Suite 310 (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS taraclark@ncaf.org (Check if address is changed) Optional Second E-Mail Address holly@campaigncompliance.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00163048 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Clarence William Ray Type or Print Name of Treasurer Clarence William Ray [Electronically Filed] Date 09 2014 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1 (Revised 06/2012)

	Office			For further information contact:
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